2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P09000000985

Entity Name: COMPLETE HEALTH CENTERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

601 EAST SAMPLE ROAD
SUITE 104
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

601 EAST SAMPLE ROAD
SUITE 104
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 26-4050332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABIESES, CECILIA
601 EAST SAMPLE ROAD
SUITE 104
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST
Name: CABIESES, CECILIA
Address: 601 EAST SAMPLE ROAD, SUITE 104
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CECILIA CABIESES PST 04/29/2010

Electronic Signature of Signing Officer or Director — Date